

ISSUE SLIP STAPLE AREA (for additional cross references)

NAME	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		7-2-01
O.I.P.E. CLASSIFIER		10	7-10-01
FORMALITY REVIEW	Thur	1117	08, 17-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
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43		93		143	
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46		96		146	
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49		99		149	
50		100		150	

Best Available Copy

If more than 150 claims or 10 actions  
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